

Winslow Court Limited

195 Ashby Road

## Inspection report

195 Ashby Road  
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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

195 Ashby Road is a residential care home for 10 young people with autism, learning disabilities and mental health issues. At the time of our inspection there were 10 people living there. One of the provider's aims, is to help people learn practical life skills and take part in a range of community and home-based activities to enable a transition towards a more independent life.

### Peoples experience of using this service:

People were assisted by a committed, well supported staff team to plan and achieve individual goals with the ambition to move towards independent living. People were supported to lead truly fulfilling and meaningful lives which championed diversity and personal achievement.

Staff knew each person exceptionally well and they supported, and responded to, people's preferences in a very individual way. People's sense of achievement was promoted with goals and future ambitions formed an integral part of their support. Staff supported people to express their individuality and to live the life they wanted. People's privacy and dignity was supported at all times. People had information made available to them in ways which were innovative and adapted to match their individual learning styles.

The registered manager had embedded and promoted an open and honest staff team culture to help ensure people and staff were listened to. The staff team promoted an embedded equality and diversity culture that treated people exceptionally well.

Audits and governance systems were highly effective in identifying and implementing improvements. People were fully involved in how the service was run and their voice was listened to and acted on. The provider had systems to encourage and respond to feedback from people or those close to them. The provider, and management team, had excellent links with healthcare professionals and the local communities within which people lived. This transformed people's lives for the better.

Complaints and compliments were used to help drive improvements and people benefited from changes that were made. Staff showed people true compassion and took account of the finer points of people's lives and cultures as they developed their skills of independence and personal achievement. .

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing. The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People received safe support with their medicines by staff members who had been trained and assessed as competent. The provider had systems in place to complete an investigation, should a medicine error occur, to ensure the person was safe and lessons were learnt to minimise the risk of reoccurrence. Staff members

followed effective infection prevention and control procedures when supporting people.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

This service was able to demonstrate they were meeting the underpinning principles of Right support, right care, right culture. People were supported in a small home based in a residential area with access to community facilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received help and support from a kind and compassionate staff team with whom they had developed positive and professional relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People's assessed needs were effectively met by trained staff. People were supported to eat and drink healthily. People had access to healthcare services and were referred promptly if required. People made decisions about how they wished their home to be decorated and personalised their own living accommodation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected:

The inspection was prompted in part due to potentially restrictive practices within the home. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see all five relevant key questions sections of this full report.

#### Rating at last inspection

The last rating for this service was Outstanding (published 18 July 2018). At our focused inspection in October 2020 we looked at infection prevention and control procedures only, but we did not provide a rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# 195 Ashby Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

195 Ashby Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. However, we gave the service notice of the inspection on our arrival. This was because we had to gather information on the home's current COVID-19 status and the providers procedures for visiting professionals. Day two of the inspection was announced and included phone calls to health professionals and relatives.

#### What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, four relatives, two social workers and an advocate. We spent time in the communal areas with people to help us better understand their experience of care. We spoke with six staff members including four support workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care and support plans for four people and looked at several documents relating to the monitoring of the location including training, medicines, health and safety checks. We confirmed the safe recruitment of two staff members.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We further looked at quality assurance records, various meeting minutes and communications with healthcare professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at 195 Ashby Road and with the support they received.
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority in order to keep people safe.

Assessing risk, safety monitoring and management

- We saw assessments of risks associated with people's care had been completed. These included risks related to people's home environment and going out in their local community.
- The physical environment where people lived was assessed by staff members to ensure it was safe for people to receive support.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing assistance.
- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw staff were available to support people promptly when needed but also had time to interact with them in an unhurried and valuing way.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.



- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's COVID-19 contingency plan was up to date and gave clear guidance for staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

- People's medicines were managed safely. People received their medicines when they needed them. The provider had systems in place to effectively and safely respond should an error occur.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.
- When people required medicines to support them with managing behaviours and emotions, there were clear guidelines for staff to follow. The use of any such medicines was closely monitored by the management team to ensure they were administered appropriately and to see if anything else could have been done differently.

#### Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. This included analysis of any behaviours which could potentially cause harm to people or others and what, as a provider, they could do to minimise the risk of reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. People said these assessments reflected their needs and wishes for how they wanted to be supported.
- People were supported by staff who knew them well and how they wished to be assisted.
- Staff were provided with the necessary skills, including training to meet each person's needs, such as how they communicated, what the person's health conditions were and making any reasonable adjustments under the Equality Act 2010. For example, sexuality, age, religion or beliefs.

Staff support: induction, training, skills and experience

- People were assisted by an appropriately trained staff team. Staff completed an induction which included practical training like moving and handling and safeguarding. Additionally, they worked alongside other more experienced staff members until they felt confident to support people.
- Staff members received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us they used these sessions to discuss adaptations to their working conditions as a result of changes in their personal circumstances. They found this very useful and supportive.
- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- The provider completed regular staff training sessions and updates on skills and knowledge. For example, a recent training session had been completed regarding differing types of swallowing impairment and how best to support people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain a healthy lifestyle. The provider and staff worked alongside other healthcare professionals to ensure people's dietary needs were met. This included regular monitoring of what people ate and the monitoring of people's weight. Any fluctuation in weight was reported to the dietician for their advice and guidance.
- People were referred for specialist assessment, regarding their eating and swallowing, when it was needed. Staff members were knowledgeable about any recommendations and consistently supported people in a way which met their needs.
- If people required a specialised diet, staff members knew how to support the person effectively to ensure their needs were met.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. Any changes in people's needs were relayed to the management team who sought appropriate advice and guidance from healthcare professionals. Guidance was consistently written into people's individual care plans for staff to follow.

Adapting service, design, decoration to meet people's needs

- We saw the physical environment at 195 Ashby Road had been specifically adapted to support the needs of those living there whilst maintaining a homely atmosphere.
- People told us they personalised their own rooms and living areas to their individual taste and preferences. One person showed us the new furniture they had purchased. They said, "This gets me into the habit of doing things for myself and buying stuff I will need when I move into my own place."

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including dentists, GP's and Physiotherapists. People were encouraged to refer themselves and the management team supported them to access additional healthcare services when they needed.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes which included, but was not limited to, oral health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans contained detailed guidance about their mental capacity and what they could, or could not, make decisions about.
- Where restrictions on people's liberty were in place these had been authorised by the local authority.
- Staff were knowledgeable about people's differing abilities and supported people to make their own decisions where possible.
- The provider had systems in place to review, and if needed reapply, for any DoLS authorisations.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout this inspection people were treated well and with respect by a staff team who understood and supported their dignity. One person told us they saw staff as friends, who were supportive and never judged them. Another said, "I trust them (staff). They treat me well and I can go to them anytime day or night if I feel upset or worried about anything."
- One relative said, "This is the ideal placement for [relative's name]. Everyone treats them as an individual and respects them for the person they are."
- People were supported by staff members who knew and respected them as individuals and assisted them to continue to lead a life which was fulfilling.
- People were supported at time of upset and distress. We saw one person start to become anxious and worried. A staff member recognised this and supported the person to express how they were feeling in a calm and empowering way. We saw this person relax and talk with the staff member about how they were feeling. The staff member then supported the person to identify what they could do to feel better. This showed us people were supported to express themselves without fear of judgement.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to make decisions which effected their lives and care. For example, we saw one person deciding what they wanted to do with their day, another making a shopping list and someone else was making a decision about their room furnishings.
- All those who spoke with us told us they were involved in creating and adapting their care and support plans. They also said they were the ones who made decisions about their needs on a daily basis.

Respecting and promoting people's privacy, dignity and independence

- Throughout this inspection we saw many examples where staff members respected people's dignity, privacy and right to personal space. We saw people were fully informed about what was happening around them and staff members always spoke with them when in the same room or nearby. Any personal care was discrete and completed in private.
- People's confidential information was securely stored and only accessed by those with authority to do so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff had an excellent understanding of their social and cultural diversity, values and beliefs that helped influence their decisions on how they wanted to receive care, treatment and support. This approach and philosophy promoted a home environment where people lived life to its fullest. People took the lead in developing their own care and support plans which staff members embraced whole heartedly. These support plans included how people explored and expressed their sexuality, spirituality and personal body image. One person told us how their self-esteem and personal image had improved since being at 195 Ashby Road. They told us how they used to be in "A dark place," but now can be the person they wanted to be.
- The provider supports younger adults in a transitional role in the community towards more independent living and accommodation. People told us a key element to their own care planning was goal setting. One person explained how they wished to live independently but understood they were not confident in their own skills to achieve this just yet. They explained how, with the support of staff, they were improving their budgeting, cookery and problem-solving skills along with educational courses. They told us, "This is something I have always wanted. I still need support and (staff) are helping me all the time." The care and support plans detailed the progress this person had made since being at 195 Ashby Road and the support they needed to progress further. It explained how they only now required verbal reminders to complete certain tasks instead of more intensive support. This person told us, "I do forget to do somethings but they (staff) are there to help." We could clearly see the progress this person had made from the time they moved in to 195 Ashby Road and how their care plan had been reviewed to meet and drive their continued improvement towards independence.
- People were encouraged to develop and explore any experiences they wished or were curious about. This included emerging sexuality and the development of relationships. People told us they felt safe discussing such things with staff members who supported their choices and empowered them to develop as individuals. People had open discussion with staff and events such as 'Pride' were celebrated. Pride celebrates the diversity of the LGBT (lesbian, gays, bisexual, trans+) community. People were supported by staff, and held a virtual Pride event and encouraged all those who wished to be involved. This supported people's awareness of diversity in society and their own feelings about such subjects.
- People told us how they were supported and encouraged to explore and express their culture. This included how they expressed their spirituality and religion as well as diversity through dress and appearance. One person told us how they celebrated their background through their personal appearance. They said this was a link to their relatives and gave them a sense of belonging to a community which they felt they had previously lost. They went on to say how staff members had encouraged them to develop this

sense of belonging through the COVID-19 pandemic when links to other members of their community had become restricted. They said, "This has been really difficult. I had lost my confidence going out but staff have supported me to keep my friends and I am now making small steps to feel confident again." They went on to say how a staff member had learnt to support them with their specific preferences regarding their appearance. Maintaining this throughout the pandemic was a key element in upholding their emotional stability.

- People were supported to take positive risks in their lives, and these were seen as a learning and developmental opportunity and as an enabler, rather than to be restrictive. One staff member told us, "As people move towards more independent living there is always the risk they can be seen as vulnerable to certain people in society. We encourage anyone to talk with us about anything which worries or upsets them." One person told us how a recent contact had upset them, but they said, "Now I feel stronger as a result. If that happens again, I can handle it." People had care and support plans which detailed any perceived vulnerabilities and how they can be supported to express themselves with assertiveness and confidence. Whilst supporting independence and confidence these plans directed people on how to seek support from others, including the emergency services, if they felt they needed to. One staff member said, "Its not about wrapping people in cotton wool as this is not what being independent is. We help people deal with the downs as well as the ups and this helps with confidence and growth."
- When needed, some people had a positive behaviour support plan. This was a specific care and support plan to assist people when they felt anxious and displayed behaviours that caused them or others distress. These plans were regularly reviewed to see if there have been any changes and if anything else could have been done differently. The staff and management team promoted the use of Non-Abusive Psychological and Physical Intervention with people and engaged with appropriately qualified professions to ensure outcomes for people remained positive.
- Staff members knew people's abilities and goals and were sensitive to any changes in behaviour or motivation. When staff identified a change in people's motivations or capabilities, they supported them to identify what changes they wished to make whilst being aware people had the right to change their minds. One person expressed a noticeable change in motivation and in their day to day interactions with people and staff. Staff members supported the person to make changes and introduced different sensory equipment to support the person which they valued. People benefited from this level of staff awareness.
- Staff members were very knowledgeable about people's care and support plans. Each person had a key worker team. These were named members of staff who supported them to create activity plans, care plans and to work on their specific aspirations and goals. People told us they found this level of support to be encouraging as well as challenging as they motivated people towards achieving targets in their lives as they moved towards more independent living. One person told us the staff "pushed and encouraged," to achieve different things all the time which they found to be motivating and supportive.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way which was specific to their own communication styles. For example, we saw information presented in a pictorial format, staff members using adapted gestural prompts and people using electronic forms of communication. Everyone had a communication care and support plan in place. People told us they found interacting with family, staff and others they lived with was helped by this high level of consistency.
- People had access to documents, care plans and other communication they needed in a style they preferred. For example, we saw minutes of meetings presented in a way people found accessible. For

example, written with picture prompts. One person told us they thought this helped with their understanding and they felt included when they could see words alongside pictures.

- People were encouraged to express themselves and to communicate their feeling through other means like art. We saw one person using art as a method of informing staff how they felt. Staff members were aware of this form of communication and used it as a talking point for the person. One staff member told us, "[Person's name] can become quite insular when upset or anxious. They use art as a means of communication, and this becomes a focus for our chats. When we can engage them using art, they become more open and this in turn reduces their anxiety."
- Staff members thought how presenting too much information could be a barrier to people's understanding. Staff adapted their style in some situations of communication by only presenting very limited verbal prompts and signs. The person was then able to focus on a specific point which helped them to understand what was happening. People had personalised and adapted styles of communication which staff members used to support people's emotions and expressions to help them communicate clearly.
- Policies were reviewed following the outbreak of the COVID pandemic and information was provided to people in a format they could access and understand. This included how to seek emotional support and suggestions for in house activities. This helped people to understand what was happening with the sudden changes enforced within care homes and how to get help if they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to maintain relationships with those close to them. One person told us they had struggled throughout the COVID-19 pandemic and felt they had lost touch with people they were close with. Staff spoke about the benefits of using the internet to maintain important and close friendships. This kept people in touch and reduced any anxieties. Relatives told us they had exceptional contact with their family members and although they couldn't see them during the pandemic.
- Everyone we spoke with told us about the varied and stimulating activities they were supported to do. One person told us, "It felt like everything was going to stop because of COVID-19. But they (staff) were great. We never got bored. We could still do our college courses and exercise. We had parties in the garden but only with people we lived with. We saw people (via internet) and called them on the phone. It's been really difficult, but somehow we have all coped."
- People were supported to identify what they wanted to do and what brought them joy as well as challenging them educationally and vocationally. People told us they accessed educational courses at college and had done work placements. When at home they took responsibility for maintaining their own household by cleaning and cooking. People felt encouraged and challenged by the range of activities. One person told us how this helped them to live independently and how they hoped to have a place of their own one day as a result of what they had learnt.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints and compliments process in place which was presented in a way people and relatives found easy to access. We saw where a complaint had been received the provider investigated and communicated outcomes and resolutions to those concerned. Everyone told us they could raise any issue at any time and were confident they would be listened to and their opinions valued.

End of life care and support

- People were constantly supported by staff and the management team to identify what was important to them and how they wished to be assisted. This included the identification of spiritual and religious beliefs and how they wished to be supported at key stages of their lives including any changes in health or end of life. However, at the time of this inspection no one was being supported at such a stage, but staff members

knew their person wishes and decisions.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection it remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There continued to be a strong organisational commitment and effective action towards maintaining equality and inclusion across the workforce. This helped ensure, people remained at the heart of the service.
- The staff and management team consistently displayed the values of skill development and the attainment of independence as the core of their interactions with people. People were constantly and consistently supported and encouraged to develop skills for essential living like cooking, cleaning and budgeting. People told us this was what they liked about living there and why they felt very motivated to achieve the skills and knowledge to move to more independent living.
- All the staff we spoke with, including the management team, demonstrated their motivation to support people with passion and pride. One staff member said, "The easy route would be to just do things for people. This is not what we are about. We strive every day to challenge the boundaries people have and encourage them to thrive and to live the lives they want." One relative told us, "The changes I have seen with [relative's name] have been immense. We have seen them develop so much with the support."
- The provider had fostered an open, positive and honest culture both for people and staff. The staff team promoted equality and diversity and supported people to express themselves as individuals and to feel safe and empowered to do so. Everyone we spoke with told us they felt valued as individuals and encouraged to be as involved in the service as they wanted.
- Following the COVID-19 outbreak the management team and staff members completed a check with people receiving services to see how they reacted to the pandemic and to reassure people. This included a review of all the different in-house activities they created including cinema nights and sensory activities. People and relatives were complementary of the staff members response during this time. One relative said, "I can't imagine just how hard it was for the staff. It must have been so difficult, but they have supported [relative's name] fantastically throughout the whole time and kept us fully involved."
- People's cultural needs were continually promoted throughout this period and information was provided to staff so they could maintain a high level of support. For example, during the holy month of Ramadan information was provided regarding the wearing of face masks and fasting during this period. This was to support people to meet their cultural needs whilst still maintaining their well-being and following government pandemic guidance.
- Staff told us they felt very supported by the provider because there were systems to train and nurture staff skills and abilities into specialist roles including, but not limited to, medicines champions. This was where core staff members took responsibility for maintaining safe medicine management systems to ensure

people received their medicines as prescribed.

- Additionally, the management team provided staff members with 'toolbox' training. As a response to the pandemic, the provider recognised they needed to present training in a different way. These sessions included discussions with staff members on a range of topics which impacted on their day to day interactions with people. Staff members told us about the record keeping toolbox and the importance of maintaining clear and accurate records. The management team linked this training to the Health and Social Care Act highlighting the importance of such records. Another staff member told us about the Dysphagia training they had recently completed. Dysphagia is a medical name for swallowing difficulties. They told us, "I have worked other places where they just tell you to do something. The difference is here they tell you why as well. This is the important bit. You feel respected because you are given all the information on how to support someone and this drives you to learn more and more. Since doing this training I have felt motivated and spent my own time further learning about this condition which I think helps me to be a better carer." People benefited from the providers approach towards staff learning as clear consistent records were kept enabling them to arcuately work with other healthcare professionals. Additionally, people received support from a highly motivated staff team who were knowledgeable about their personal circumstances and needs.

- Following staff members toolbox sessions, they are questioned about what they have learnt. This was to ensure the information they have been given can be related to those they support ensuring better outcomes for people at 195 Ashby Road. For example, staff members were asked to name two diagnosed medical conditions and two medications and their common side effects. The registered manager said, "This is not to catch staff out. It is to help apply their learning to real situations and to better support people. If a staff member is struggling with some of the answers then we can support them with further training or present the information in a different way."

- All staff members had access to an employee assistance programme. In addition to this the management team had introduced a structure to follow during staff supervision and support sessions. These included supportive conversations with staff members who may be struggling with their mental health.

- Relatives were very complementary about the staff and management team including the registered manager. All comments we received were extremely positive, one relative said, "They are all fantastic. Very responsive to comments or suggestions and we have complete faith in them." Another relative told us, "I know everyone including the managers are open to comments and we are always asked for our opinions and feedback. I know everything I suggest or comment on is valued and if it is realistic it will be acted on."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

- Quality assessment and management was fully embedded in the managerial role. These included, but were not limited to, spot checks, supervisions with staff, review of all incidents, fire checks, and analysis of any complaints or compliments. This ensured people were receiving a quality service which adapted to their changing needs. The providers nominated individual made regular visits and received regular reports from the registered manager ensuring they understood what was happening at the location and could support any required changes.

- Staff members used an electronic records system which the registered manager could easily access throughout the day. This included activities, medicines and any incidents which had occurred. All incidents including people and staff members were recorded and analysed. This was to ensure the response was appropriate and within the recommended professional guidance and the providers policies and procedures.

- We saw the last rated inspection was displayed in accordance with the law at 195 Ashby Road and on their website.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All those we spoke with told us they were fully engaged in decisions and discussions about where they lived. The management team and all staff members supported people to be involved in house meetings. These were the opportunity to discuss all parts of living at 195 Ashby Road including practical issues like cleaning but also personal relationships and interactions between those living there. One person said, "I like these meetings. I can say what I want and how I feel. Sometimes its just good to get it all out in the open and we can move on." Staff members told us how they supported people during the pandemic and how sometimes there were tensions between people as being able to go out had been restricted. These meetings supported people to be open about how they felt and this helped to reduce the potential for conflict in the home.
- Relatives told us they felt involved and their opinions and views were valued by all staff members. One relative told us they had spoken with staff members and the management team about their background and culture and how they would like certain elements of this to remain in the life of their family member. They understood their relative could choose what they wanted but being made aware and educated about their background was valued by their family members.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.
- One staff member told us, "I find the management structure to be very supportive here. I know if I need to take some time out or just to have a chat to work things out I can just sit down with them at any time. The important thing is they listen. They don't always agree with me but at least they tell me why and it's a discussion."

#### Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. These included regular discussions with other managers and attendance on training sessions which supported their learning and ensured they were up to date with current developments in care. The registered manager told us this had been difficult during the pandemic, but they had received alerts and updates from the Government and the provider and have been able to understand and cascade this information and learning to all staff. Staff members told us they received regular updates and were aware of current developments in care which we saw was reflected in people's care and support plans."

#### Working in partnership with others

- The management team had established and maintained very good links with the local communities within which people lived. This included regular contact with local healthcare professionals, places of education and worship.
- The management team and staff members had developed very good and clear working relationships with a range of health care professionals. These included district nurses, GP's, social workers and psychologists. People benefited from these relationships as they received consistent support from all those involved in their care.
- One health and social care professional told us, "I have a lot of faith in the management. They are open to suggestion and they clearly know those they are supporting. If they feel something won't work or is not in the best interests of someone they will say so. It's a very good working relationship and I can see why people

then move on to more independent accommodation."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.